



SIGN PERMIT APPLICATION

Effective FBC 6th Edition 2017

NON-REFUNDABLE APPLICATION FEES DUE AT TIME OF SUBMITTAL
APPLICATIONS IN PENCIL WILL NOT BE ACCEPTED

ROW ID# _____

PMT# _____

TAX PARCEL NUMBER	
Tax Parcel Number	Sign Owner's Name
Address	City State Zip
Day Phone # :	Cell Phone # :
E-Mail Address	Fax # :
Billing Address for two year renewal fee:	
Fee Simple Titleholder (Owner of Property)	Address

SIGN LOCATION:		
Number	Street Name	Legal Description
City	Suite/Lot	
County	Zip	

WORK PROPOSED:	WORK TYPES:
<input type="checkbox"/> Commercial <input type="checkbox"/> Residential <input type="checkbox"/> New Work <input type="checkbox"/> Repair <input type="checkbox"/> Replacement <input type="checkbox"/> Relocation <input type="checkbox"/> Temporary <input type="checkbox"/> Change of Copy Proposed Type of Sign(s) _____ _____ _____	<input type="checkbox"/> Canopy <input type="checkbox"/> Ground Sign <input type="checkbox"/> Marquee <input type="checkbox"/> Off Premises (Billboard) <input type="checkbox"/> Projecting <input type="checkbox"/> Wall Sign <input type="checkbox"/> Electronic Message Center <input type="checkbox"/> Banner Height _____ Height _____ Width _____ Width _____ Square Ftg _____ Square Ftg _____

Preferred Method of Contact: E-Mail _____ Fax _____ Telephone _____ Preferred Pick Up Location: Daytona Beach _____ DeLand _____	REQUIREMENTS: 1 Sealed Survey 2 Site Plans 2 Sets of Engineering
---	--

CONTRACTOR INFORMATION:		
License Holder	License #	Company Name
Phone # :	Mobile # :	Fax # :
Address	E-Mail Address for business use:	

SUBCONTRACTORS: Enter name & license number for each subcontractor			
ELEC	ARCH	ENG	OTHER
LICENSE #	LICENSE #	LICENSE #	LICENSE #

Owner/Contractor-Business for own use, occupancy & under \$75,000 [] – or- Rental/lease property []

Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction. I agree to allow County Personnel to enter upon this property to inspect development permitted by this application. OWNER'S AFFIDAVIT: I certify that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning. WARNING TO OWNER: Your failure to record a Notice of Commencement may result in your paying twice for improvements to your property. A Notice of Commencement must be recorded and posted on the job site before the first inspection. If you intend to obtain financing, consult with your lender or an attorney before commencing work or recording your Notice of Commencement. ** I hereby declare that all information contained in this sign permit application is true and correct**

_____ Date _____

Signature of Owner (or Authorized Agent - for contractor permits only)

STATE OF FLORIDA COUNTY OF _____

Affirmed and subscribed before me this _____ day of _____

_____ by _____

who is personally known to me or who has produced _____

as identification (type of ID)

Signature of Notary Public State of Florida

Print, Type or Stamp Name of Notary

Seal:

_____ Date _____

Signature of Contractor (or Authorized Agent)

STATE OF FLORIDA COUNTY OF _____

Affirmed and subscribed before me this _____ day of _____

_____ by _____

who is personally known to me or who has produced _____

as identification (type of ID)

Signature of Notary Public State of Florida

Print, Type or Stamp Name of Notary

Seal:

WORKSHEET (PLEASE TYPE OR PRINT CLEARLY)

Property on Septic _____ or Sewer _____

DECLARED PROJECT COST: (Include labor & materials) \$ _____ .00

EXISTING SIGN INFORMATION:

TYPE _____	NUMBER _____	COPY _____	AREA _____
TYPE _____	NUMBER _____	COPY _____	AREA _____
TYPE _____	NUMBER _____	COPY _____	AREA _____
TYPE _____	NUMBER _____	COPY AREA _____	

TOTAL LOT FRONTAGE PER STREET (CORNER)

Street Name _____ Width _____

Street Name _____ Width _____

Corner Lots: One ground sign per street and One wall sign per street

ELECTRICAL INFORMATION:

Existing Service?
 Upgrade Service?
 Limited Use?
 Number New/Altered Circuits _____
 New Service?
 Disconnect/Reconnect?
 Temporary Underground?
 Power Company: _____
 Service Size: OLD Amps _____ Volts _____ Phase 1PH 3PH NEW Amps _____ Volts _____ Phase 1PH 3PH

OFFICE USE ONLY:

ZONING CLASSIFICATION _____ APPROVED BY _____

Frontage for: First 200 ft		One Use		Multi-Use	
	X	1.5	X	2.5	
Over 200 ft		One Use		Multi-Use	
_____	X	.5	X	.5	_____

Maximum Copy Allowed: _____
 Minus Existing Copy: - _____
 Available Copy: = _____

ANY DEVIATION FROM REVIEWED AND APPROVED SIGN(S) SHALL REQUIRE A NEW SUBMITTAL AND APPROVAL

No sign shall be closer than 5ft to the property line

No sign shall block visibility at intersections of streets or driveways

Bonding Company Name _____ Address _____

Mortgage Lender's Name _____ Address _____

Arch's/Engr's Name _____ Address _____

*No lined or graph paper will be accepted

GATE CODE: _____